FEP 25 198

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY REGION V

230 SOUTH DEARBORN ST. CHICAGO, ILLINOIS 60604

REPLY TO ATTENTION OF:

RCRA ACTIVITIES

FEB 25 1982

Mr. Eric Radke, Safety Coordinator Henkel Technical Center 2010 E. Hennepin Avenue Minneapolis, Minnesota 55413

RE: Interim Status Acknowledgement

USEPA ID No. MND051441731

FACILITY NAME: Henkel Technical Center

Dear Mr. Radke:

This is to acknowledge that the U.S. Environmental Protection Agency (USEPA) has completed processing your Part A Hazardous Waste Permit Application. It is the opinion of this office that the information submitted is complete and that you, as an owner or operator of a hazardous waste management facility, have met the requirements of Section 3005(e) of the Resource Conservation and Recovery Act (RCRA) for Interim Status. However, should USEPA obtain information which indicates that your application was incomplete or inaccurate, you may be requested to provide further documentation of your claim for Interim Status. Our opinion will be reevaluated on the basis of this information.

As an owner or operator of a hazardous waste management facility, you are required to comply with the interim status standards as prescribed in 40 CFR Parts 122 and 265, or with State rules and regulations in those States which have been authorized under Section 3006 of RCRA. In addition, you are reminded that operating under interim status does not relieve you from the need to comply with all applicable State and local requirements.

The printout enclosed with this letter identifies the limit(s) of the process design capacities your facility may use during the interim status period. This information was obtained from your Part A Permit application. If you wish to handle new wastes, to change processes, to increase the design capacity of existing processes, or to change ownership or operational control of the facility, you may do so only as provided in 40 CFR Sections 122.22 and 122.23.

As stated in the first paragraph of this letter, you have met the requirements of 40 CFR Part 122.23; your facility may operate under interim status until such time as a permit is issued or denied. This will be preceded by a request from this office or the State (if authorized) for Part B of your application. Please contact Arthur Kawatachi of my staff at (312) 886-7449, if you have any questions concerning this letter or the enclosure.

Sincerely yours,

Karl J. Klepitsch, Jr., Chief

Waste Management Branch

ist you

Enclosure

Please print or type with ELITE type (12 characters or inch) in the unshaded areas only

FUITH ADDIEVED. CAME INC. 2000-0020, EXDIES 10-31-91
GSA NO. 0246-EPA-OT

Please refer to the instructions for Filing Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Resource Act).

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Notification of Regulated Waste Activity

Date Received (For Official Use Only)

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Form Approved. CMB Nc. 2050-0028 Expires :2-31-91

Form Approved. OMB No. 2050-0028. Expires 10-31-91 GSA No. 0246-EPA-OT

Please refer to the Instructions for Filing Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).

SEPA 91.10067

Notification of Regulated Waste Activity

Date Received (For Official Use Only)

JUN 03 1991

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ID - For Official Use Only
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per(s) for the EP Toxic contaminant(s)) 11
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A File



ACKNOWLEDGEMENT OF NOTIFICATION OF HAZARDOUS WASTE ACTIVITY (VERIFICATION)

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER		* MND051441731 REAC	KNOWLED	GEMENT
	•	HENKEL TECHNICAL CENTE 2010 E RENNEPIN AVENDE MINNEAPOLYS	R IC MN	55413
INSTALLATION ADDRESS		MINNEAPOLIS AVENUE	MN	55413

EPA Form 8700-12B (4-80)

08/13/61

WEFA N	OTIFICATION OF HAZARDOUS WASTE ACTIVITY INSTRUCTIONS: If you received a preprint of label, affix it in the space at left. If any of the
INSTALLA-	VD - 05 - 144 - 1731 Information on the label is incorrect, draw a line
I.D. NO.	through it and supply the correct information in the appropriate section below. If the label is
	HENKEL TECHNICAL CENTER complete and correct, leave Items I, II, and III below blank. If you did not receive a preprinted
INSTALLA-	TERAL MILLS CHEMICALS INC. label, complete all items. "Installation" means a single site where hazardous waste is generated,
II. MAILING ADDRESS	MMEAROLIS, MM 55435 554/3 treated, stored and/or disposed of, or a transporter's principal place of business, Please refer
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LOCATION	to the INSTRUCTIONS FOR FILING NOTIFI- CATION before completing this form. The information requested herein is required by law
III OF INSTAL-	MMEAPOLIS, MM 55435 55413 (Section 3010 of the Resource Conservation and Recovery Act).
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IV. INSTALLATION	40 41 42 47 - 51
TV. INSTALLATION	NAME AND TITLE (last, first, & job title) PHONE NO. (area code & no.)
2 Radke	Eric Safety Coordinator 612.378.8823
V. OWNERSHIP	45 46 - 48 49 - 51 52 - 55
	A. NAME OF INSTALLATION'S LEGAL OWNER
8 H e n k e 1	Corporation
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VII. MODE OF TRAI	NSPORTATION (transporters only – enter "X" in the appropriate box(es))
☐ A. AIR [B. RAIL C. HIGHWAY D. WATER E. OTHER (specify):
VIII FIRST OR SUR	SEQUENT NOTIFICATION
Mark "X" in the appropri	iate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification
IT this is not your first no	otification, enter your Installation's EPA I.D. Number in the space provided below.
	C. INSTALLATION'S EPA I.D. NO.
A. FIRST NO	rification B. Subsequent notification (complete item C) MNDD51441731
	F HAZARDOUS WASTES
Please go to the reverse of	f this form and provide the requested information.

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U.S. ENVIRONMENTAL PROTECTION AGENCY

orm Approved OMB No. 158-S79016 4 No. 0246-EPA-OT

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JUL 21 1980



Minnesota Pollution Control Agency

November 4, 1987



Mr. Ray Jones, Vice President Henkel Technical Center 2010 East Hennepin Avenue Minneapolis, Minnesota 55413

Dear Mr. Jones:

Change of Status Approval Henkel Technical Center, Minneapolis, Minnesota MND051441731

This is to advise you that your request for a change in status to that of a nongenerator of hazardous waste as evaluated under Minnesota rules has been approved. This letter constitutes the final administrative action on your Part A hazardous waste facility permit application. You are reminded that future amendments to Minnesota rules may affect your status as a nongenerator of hazardous waste.

Should you in the future wish to operate a hazardous waste storage facility, you must contact the Minnesota Pollution Control Agency to obtain the necessary permit. The permit must be obtained prior to your operating as a facility.

If you have any questions, at any time, please contact Thomas B. Townsend of my Spoke to C. 5 laustes he agreed. Change will be made to Huroms staff at 612/296-8581.

Sincerely,

Richard A. Director

Hazardous Waste Division

RAS/TBT/mas

Mr. Charles Slaustas, U.S. Environmental Protection Agency, Chicago Ms. Diane Bartelt, U.S. Environmental Protection Agency, Chicago

Phone:

Please print or type in the unshaded areas (fill—in areas are spaced for elite type, i.e.,	orly , 12 charrs/inch).			Form A	Approved OMB No.	158-R01	75 44
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8 Henkel Corpora	tion			owner?
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B. UIC (Underground Injection of Fluids)	E. OT	HER (specify)		
9 U	9 R.9.0.6	4.3.	(specify) Emission Sourc	e (Boiler)
C. RCRA (Hazardous Wastes)	30 15 16 17 18 E. OT	HER (specify)	30	
9 R	9 R.9.0.6	4 4	(specify) Air Handling	the many of the contract (
15 16 17 18 XI. MAP	30 16 16 17 18		30 Ref Handing	
Attach to this application a topographic mathematic formula the outline of the facility, the location of treatment, storage, or disposal facilities, and water bodies in the map area. See instruction XII. NATURE OF BUSINESS (provide a brief description)	each of its existing and nd each well where it i ns for precise requirem	d proposed intake and njects fluids undergro	discharge structures, each o	f its hazardous waste
XII. NATURE OF BUSINESS (provide a brief desc	ription)			
Research and Developm	ont on food ing	rodionts and en	ocialty chomicals f	or
the cosmetics, minera	is, food, produ	ct assembling,	pnarmaceutical and	
energy industries.				
XIII. CERTIFICATION (see instructions)				
I certify under penalty of law that I have p	nersonally examined an	d am familiar with the	information submitted in th	is analiantian and all
attachments and that, based on my inqui application, I believe that the information false information, including the possibility of	ry of those persons in is true, accurate and o	mmediately responsible complete, I am aware	e for obtaining the information	tion contained in the
F. W. Tuominen,	B. SIGN	ATURE		. DATE SIGNED
V.P., Dir R & D		6-11-	000	11/14/80
COMMENTS FOR OFFICIAL USE ONLY				
C				MARKET MEN
15 16				55
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Please print or type in the unshaded areas only Ifill—in areas are spaced for elite type, i.e., 12 ch ers/inch).	Form Approved OMB No. 158-S80004											
FORM HAZA OUS WASTE PERMIT APPLICATION	I, EPA I.D. NUMBER											
Consolidated Permits Program	FM N D 9 5 1 4 9 173 8 1											
FOR OFFICIAL USE ONLY												
APPLICATION DATE RECEIVED COMMENTS	I me 8 - Solvent P											
23 24 - 29												
I. FIRST OR REVISED APPLICATION												
Place an "X" in the appropriate box in A or B below (mark one box only) to indicate whether this is the first application you are submitting for your facility or a evised application. If this is your first application and you already know your facility's EPA I.D. Number, or if this is a revised application, enter your facility's EPA I.D. Number in Item I above.												
A. FIRST APPLICATION (place an "X" below and provide the appropriate date) [X] I. EXISTING FACILITY (See instructions for definition of "existing" facility. Complete item below.)	2.NEW FACILITY (Complete item below.) FOR NEW FACILITIES,											
PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR THE DATE CONSTRUCTION COMMENCED (use the boxes to the left) PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR IS EXPECTED TO BEGIN												
B. REVISED APPLICATION (place an "X" below and complete Item I above) 1. FACILITY HAS INTERIM STATUS	2. FACILITY HAS A RCRA PERMIT											
III. PROCESSES – CODES AND DESIGN CAPACITIES												
A. PROCESS CODE — Enter the code from the list of process codes below that best describes each process to entering codes. If more lines are needed, enter the code(s) in the space provided. If a process will be used describe the process (including its design capacity) in the space provided on the form (Item III-C).												
describe the process (including its design capacity) in the space provided on the form (Item III-C). 3. PROCESS DESIGN CAPACITY — For each code entered in column A enter the capacity of the process. 1. AMOUNT — Enter the amount. 2. UNIT OF MEASURE — For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of												
measure used. Only the units of measure that are listed below should be used.												
PRO- APPROPRIATE UNITS OF CESS MEASURE FOR PROCESS	PRO- APPROPRIATE UNITS OF CESS MEASURE FOR PROCESS											
PROCESS CODE DESIGN CAPACITY PROCESS CODE DESIGN CAPACITY												
Storage: CONTAINER (barrel, drum, etc.) S01 GALLONS OR LITERS TANK TANK TO1 GALLONS PER DAY OR LITERS PER DAY												
WASTE PILE S03 CUBIC YARDS OR SURFACE IMPOUNDMENT CUBIC METERS	TO2 GALLONS PER DAY OR LITERS PER DAY											
SURFACE IMPOUNDMENT SO4 GALLONS OR LITERS INCINERATOR	T03 TONS PER HOUR OR METRIC TONS PER HOUR; GALLONS PER HOUR OR											
JECTION WELL D79 GALLONS OR LITERS LANDFILL D80 ACRE-FEET (the volume that OTHER (Use for physical,	LITERS PER HOUR											
would cover one acre to a thermal or biological treats depth of one foot) OR processes not occurring in	nent LITERS PER DAY tanks,											
HECTARE-METER surface impoundments or i LAND APPLICATION D81 ACRES OR HECTARES ators. Describe the process OCEAN DISPOSAL D82 GALLONS PER DAY OR the space provided; Item 1	ses in											
SURFACE IMPOUNDMENT D83 GALLONS OR LITERS												
UNIT OF UNIT OF MEASURE MEASURE	UNIT OF MEASURE											
UNIT OF MEASURE CODE UNIT OF MEASURE CODE GALLONSV	UNIT OF MEASURE CODE ACRE-FEETA											
LITERS L TONS PER HOUR D CUBIC YARDS Y METRIC TONS PER HOUR W	HECTARE-METER											
CUBIC METERS	HECTARESQ											
EXAMPLE FOR COMPLETING ITEM III (shown in line numbers X-1 and X-2 below): A facility has two so other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.	torage tanks, one tank can hold 200 gallons and the											
S T/AC \ \ \ \ \ \	11111111111											
C DUP 13 14 15												
LA PRO-	ROCESS DESIGN CAPACITY FOR											
CODE 1 AMOUNT OF MEA- OFFICIAL WE CODE	1. AMOUNT 2. UNIT OFFICIAL USE USE											
above) (specify) (enter code) above)	(enter code)											
X-1 S 0 2 600 G S 16 - 18 19 5 600	- 27 28 29 - 32											
X-2 T 0 3 20 E 6												
1 S O 1 5,500 G 7												
S 0 2 6,000 G 8												
3 T O 4 165 U 9												
4 1 10												
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III. PR		

SPACE FOR ADDITIONAL PROCESS CODES OR FOR DESCRIBING OTHER PROCESSES (code "T04"). FOR EACH PROCESS ENTERED HERE INCLUDE DESIGN CAPACITY.

Line 3 - Solvent Recovery Through Distillation. Capacity Variable.

IV. DESCRIPTION OF HAZARDOUS WASTES

- A. EPA HAZARDOUS WASTE NUMBER Enter the four—digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four—digit number/s/ from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.
- B. ESTIMATED ANNUAL QUANTITY For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non—listed waste(s) that will be handled which possess that characteristic or contaminant.
- C. UNIT OF MEASURE For each quantity entered in column B enter the unit of measure code, Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE	CODE	METRIC UNIT OF MEASURE	CODE
POUNDS	P	KILOGRAMS	K
TONS	T	METRIC TONS	M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

D. PROCESSES

1. PROCESS CODES:

For listed hazardous waste: For each listed hazardous waste entered in column A select the code(s) from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.

For non-listed hazardous wastes: For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.

Note: Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

2. PROCESS DESCRIPTION: If a code is not listed for a process that will be used, describe the process in the space provided on the form.

NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER — Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

- 1. Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B,C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
- quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.

 In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.
- 3. Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

EXAMPLE FOR COMPLETING ITEM IV (shown in line numbers X-1, X-2, X-3, and X-4 below) — A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non—listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

LINE NO.	H	AZ	EPA AR TE I	D. 10	B. ESTIMATED ANNUAL QUANTITY OF WASTE	OF	ME URE enter	A-		1. PROCESS CODES (enter)				D. PROCESSES 2. PROCESS DESCRIPTION (if a code is not entered in D(1))			
X-1	K	0	5	4	900	*	P		T	0	3	D	8	3 0)		
X-2	D	0	0	2	400		P		T	0	3	D) 8	3 0)		
X-3	D	0	0	1	100		P		T	0	3	D	8	3 0)		医生态性的现在分词 网络连续
X-4			0										,				included with above

Continued from page 2. Form Approved OMB No. 158-S80004 NOTE: Photocopy this page before completing have more than 26 wastes to list. FOR OFFICIAL USE ONLY EPA I.D. NUMBER (enter from page 1) M N D 051 DUP DUP . DESCRIPTION OF HAZARDOUS WASTES (continued) C. UNIT OF MEA SURE (enter code) D. PROCESSES B. ESTIMATED ANNUAL QUANTITY OF WASTE HAZARD. WASTENO 1. PROCESS CODES (enter) 2. PROCESS DESCRIPTION (if a code is not entered in D(1)) (enter code) 29 27 - 29 27 - 29 27 T D 0 0 1 90 S 0 1 S 0 2 T 0 4 Τ D 0 0 2 28 S 0 1 P 0 0 5 100 P S 0 1 10 S 0 1 P 0 1 1 P P 0 1 2 10 P S 0 1 6 P 0 2 2 100 S 0 1 P 0 3 0 25 P S 0 1 8 P 0 5 3 1000 P S 0 1 9 10 P 0 6 7 25 P S 0 1 11 P 1 0 0 1600 P S 0 1 10 P 1 0 5 P S 0 1 13 U 0 0 1 100 P S 0 1 14 U 0 0 2 4500 P S 0 1 15 0 0 250 6 P S 0 1 16 U 0 1 2 4000 P S 0 1 17 U 0 1 9 4000 S 0 1 P 18 U 0 3 1 1000 P S 0 1 19 U 0 3 7 2000 P S 0 1 T 0 4 T 20 P S 0 1 T 0 4 U 0 4 4 1000 500 P U 0 4 8 S 0 1 U 0 5 2 500 P S 0 1

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IV. DESCRIPTION OF HAZARDOUS WASTE	tinued)			
E. USE THIS SPACE TO LIST ADDITIONAL PROC	ESS CODES FROM	ITEM D(1) ON PAGE 3.	7	
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EPA I.D. No. (enter from page 1)				
FMND 05 14 4 17 18 6				
1 2 - 13 14 15	THE VALUE OF STREET			
V. FACILITY DRAWING				美国国际共和国企业
All existing facilities must include in the space provided on p	page 5 a scale drawing of	the facility (see instructions fo	r more detail).	COLUMN TO THE OWNER OF THE OWNER OWNER.
VI. PHOTOGRAPHS		LANGE STEAL		
All existing facilities must include photographs (aeria	al or ground—level) th	nat clearly delineate all exis-	ting structures; exis	ting storage,
treatment and disposal areas; and sites of future store	age, treatment or disp	posal areas (see instructions	for more detail).	Company College Control
VII. FACILITY GEOGRAPHIC LOCATION				
LATITUDE (degrees, minutes, & seconds)		LONGITUDE (degrees, minutes, & se	conds)
4 4 5 9 0 2 7		0 9	3 1 3 0 2 6	
65 66 67 68 69 - 71		72 -	74 75 76 77 - 79	
VIII. FACILITY OWNER		CHARLES OF THE PARTY OF THE PARTY.		
A. If the facility owner is also the facility operator as li	isted in Section VIII on	Form 1, "General Information"	', place an "X" in the	box to the left and
skip to Section IX below.				
B. If the facility owner is not the facility operator as li	sted in Section VIII on	Form 1, complete the following	g items:	
B. If the facility owner is not the facility operator as li				a o e u
1. NAME OF FACIL	sted in Section VIII on			E NO. (area code & no.)
1. NAME OF FACIL				E NO. (area code & no.)
			2. PHONE	59 - 61 62 - 65
1. NAME OF FACIL S E 15 16 3. STREET OR P.O. BOX	ITY'S LEGAL OWNER		2. PHONE	-
1. NAME OF FACIL S E 15 16 3. STREET OR P.O. BOX		0.000 15	2. PHONE	59 - 61 62 - 65
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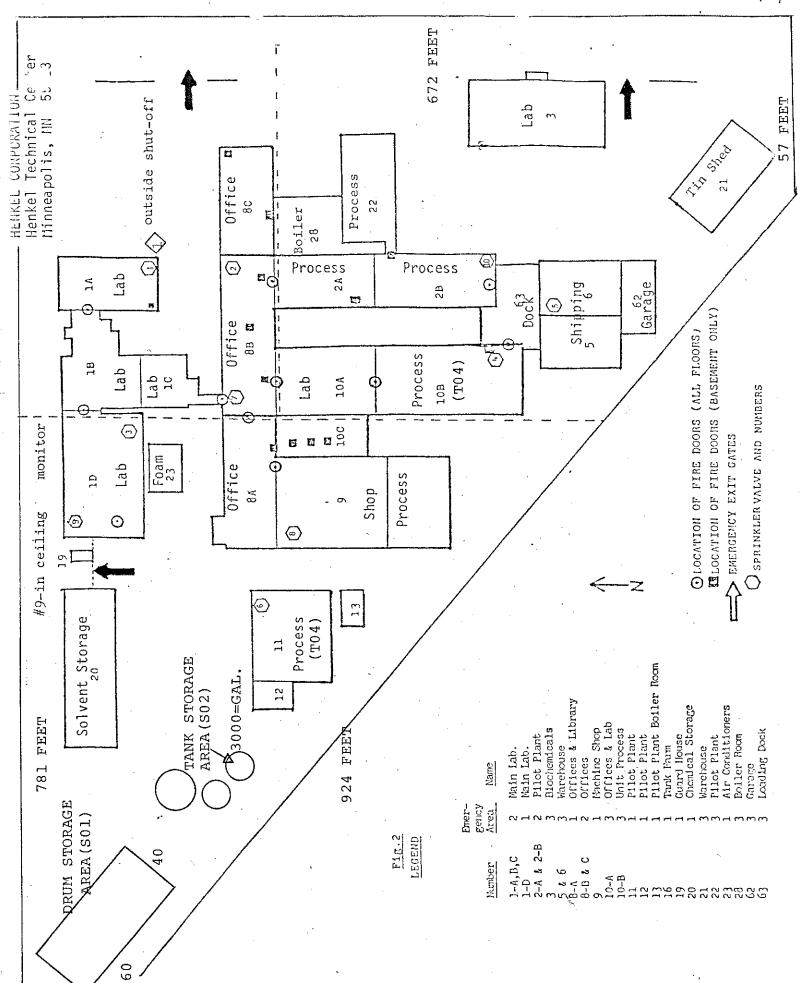
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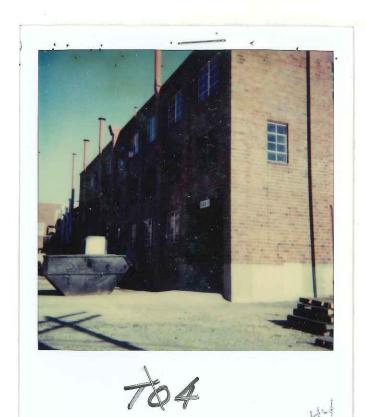
EPA Form 3510-3 (6-80)

Form Approved OMB No. 158-\$80004

No. No.	as DESCRIPTION not entered in D(1))
DESCRIPTION OF HAZARDOUS WASTES (continued)	SS DESCRIPTION not entered in D(1))
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3 U 1 7 1 100 P S 0 1 4 U 1 8 8 100 P S 0 1 5 U 1 9 0 100 P S 0 1 6 U 1 9 4 500 P S 0 1	
3 U 1 7 1 100 P S 0 1 4 U 1 8 8 100 P S 0 1 5 U 1 9 0 100 P S 0 1 6 U 1 9 4 500 P S 0 1	
4 U 1 8 8 100 P S 0 1 5 U 1 9 0 100 P S 0 1 6 U 1 9 4 500 P S 0 1	
6 U 1 9 4 500 P S 0 1	
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(V. DESCRIPTION OF HAZARDOUS WASTEStime E. USE THIS SPACE TO LIST ADDITIONAL PROCES	und				
E. USE THIS SPACE TO LIST ADDITIONAL PROCES		D/I) ON BACE 2			
	S CODES PROM HER	D(I) ON PAGE 3.			
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EPA I.D. NO. (enter from page 1)					
/. FACILITY DRAWING					
All existing facilities must include in the space provided on page	5 a scale drawing of the f	acility (see instructions	for more detail).		
/I, PHOTOGRAPHS					
All existing facilities must include photographs (aerial o	<i>r ground—level)</i> that c	early delineate all ex	isting structure:	; existing sto	rage,
treatment and disposal areas; and sites of future storage	, treatment or disposal	areas <i>(see instructioi</i>	ns for more deta	iil).	
VII. FACILITY GEOGRAPHIC LOCATION LATITUDE (degrees, minutes, & seconds)					
LATITODE (aegrees, minutes, & seconus)		LONGITODE	(degrees, minute	s, & seconas)	
55 56 57 58 69 71			74 75 76 77		
VIII. FACILITY OWNER				, ,	
A. If the facility owner is also the facility operator as listed	d in Section VIII on Form	1, "General Informatio	n", place an "X"	in the box to t	he left and
skip to Section IX below.					a da salah kecamban bahasa bahasa
B. If the facility owner is not the facility operator as listed			化氯化二甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基		
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		1, complete the follow		PHONE NO. (M	rea code & no
1. NAME OF FACILITY		1, complete the follow		PHONE NO. (a)	rea code & no
1. NAME OF FACILITY		1, complete the follow	2.1		
1. NAME OF FACILITY	"S LEGAL OWNER	1, complete the follow		58 59 - 6	rea code & no
1. NAME OF FACILITY 16 3. STREET OR P.O. BOX	"S LEGAL OWNER 4. CI		2. 55 56 -	58 59 - 6	1 62 -
1. NAME OF FACILITY 16 3. STREET OR P.O. BOX	"S LEGAL OWNER		2. 55 56 -	58 59 - 6	1 62 -
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Form Approved OMB No. 158-S80004

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IV.					ON OF HAZARDOUS WASTE	1			7	NAME OF STREET	mack.		10 11 11		
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ENVIRONMENTAL PROTECTION AGENC 1

GENERATOR BIENNIAL HAZARDOUS WASTE REPORT FOR 1983

This report is for the calendar year ending December 31, 1983. Read All Instructions Carefully Before Making Any Entries on Form

200		The state of the s
	1. NON-REGULATED STATUS	
	Complete this section only if you did not generate regulated quantities of hazardous waste at any time during the 1983	1 Non-handler
	calendar year. Circle the one code at right that best describes	2 Small Quantity Generator
	your status during the entire year (see instructions for explanation of codes).	4 Exempt 5 Beneficial Use
		9 Closed
	Please print/type with elite type (12 characters per inch) This	Installation's Non-Regulated Status is Expected to Apply:
	II. GENERATOR'S EPA I.D. NUMBER	☐ For 1983 Only ☐ Permanently
	T/A C	
	M ND 0 5 1 4 4 1 7 3 1	Other
		C303 ENTRY (OFFICIAL USE ONLY):
	III. NAME OF INSTALLATION	
	<u> H e n k e 1 T e c h n i c a 1 C e n t e r</u>	69
	IV. INSTALLATION MAILING ADDRESS	
	3 2 0 1 0 E Hennepin Avenue	<u> </u>
	15 16 Street or P.O. Box	45
	## M i n n e a p o 1 i s	1
	15 16 City or Town	41 42 47 51 State Zip Code
	City of Town	
	V. LOCATION OF INSTALLATION (if different than section IV ab	<u> под при при при при при при при при при при</u>
2010		
	15 16	45
	Street or Route number	
	15 16	41 42 47 51
	City or Town	State Zip Code
	AND	
	VI. INSTALLATION CONTACT	
	22 Riajdikje Emici	
	Name (last and first)	
	6 1 2 3 7 8 8 8 2 3 46 55	
	Phone No. (area code & no.)	
	NU CERTIFICATION	
	VII. CERTIFICATION I certify under penalty of law that I have personally examined and am familiar with	the information submitted in this and all attached
	documents, and that based on my inquiry of those individuals immediately respons submitted information is true, accurate, and complete. I am aware that there are to	
	including the possibility of fine and imprisonment.	
	Eric Radke, Safety Coordinator	THE 2/28/84
227	maning our of door all and the first	

Print/Type Name

This report is for the calendar year ending December 31, 1983.

Date rec'd:

Rec'd by:

VIII. GENERATOR'S EPA I.D. NO.

M N D O 5] 4 4] 7 3]

X. FACILITY'S EPA I.D. NO.

T N D O O O 6 4 5 7 7 0

IX. FACILITY NAME (specify facility to which all wastes on this page were shipped)

Triangle Resource Industries

XI. FACILITY ADDRESS

Old Greenbrier Pike Greenbrier Tennessee 37073

XII. TRANSPORTATION SERVICES USED

Triangle Resource Industries MDD980554653

XIII. WAS	TE IDENTIFICATION	52	C. EPA Hazardous	11 Design () 1 to enter a f () lead to the house of the second record records a few of 11 lead of the second	Unit of easure
Sequence #		B. DC Hazaı code		D. Amount of Waste	E. Ul
29 32 1		τ 5.8 33.34	D _I O _I O _I 1	1 4 8 2 6 5 51 59	P 60
2	chemical research Waste methanol	-01-8	U 1 5 4	2000	Р
3	Waste ethyl acetate	0, 8	U 1 1 2	1 1 1 1 4 0 0	P
4	Waste chloroform	1 ₁ 2	U 0 4 4 1 1 1	<u> </u>	P _
5	Chlorinated solvents - small quant. of unrelated materials	1 3	FI 01 01 2 1 1 1		Р
6	from chemical research				in the second se
7	Toxic waste - small quant. of unrelated reagents from chem-	118	None	1 5 5 0 0	P
8					55 142 123 124 124 124 124 124 124 124 124 124 124
9	Corrosive waste - small quant.	0 2	D 0 0 2	1_112101010	P
10	chemical research	.			71 10 10 10 10 10 10 10 10 10 10 10 10 10
11		1	p101011		P
12		1 8			117111111111111111111111111111111111111

XIV. COMMENTS (enter information by section number-see instructions)

Date rec'd: Rec'd by:

VIII. GENERATOR'S EPA I.D. NO.

G M N D D 5 1 4 4 1 7 3 1 1 1 1 1 1 1 1 2

X. FACILITY'S EPA I.D. NO.

FINDO01859032

IX. FACILITY NAME (specify facility to which all wastes on this page were shipped)

Stauffer Chemical

XI. FACILITY ADDRESS

2000 Michitan St Hammond Indiana 46320

XII. TRANSPORTATION SERVICES USED

0il Service TND089558019

XIII. W	ASTE IDENTIFICATION #	C. EPA Hazardous	E. Unit of
Sequence #	A. Description of Waste	C. EPA Hazardous Waste No. C. EPA Hazardous Waste No. D. Amount of Waste	E. U
29 32	Ignitable solvent - small quant. of unrelated materials	D 0 0 1	
29 32	from chemical research	33 34 43 40 47 30 31	39 60
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	3		
Control of the Contro	4		
	5		2
	6		200
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	12		

XIV. COMMENTS (enter information by section number-see instructions)

FACILI

ENVIRONMENTAL PROTECTION AGENCY

FACILITY BIENNIAL HAZARDOUS WASTE REPORT FOR 1983

This report is for the calendar year ending December 31, 1983. Read All Instructions Carefully Before Making Any Entries on Form

I. NON-REGULATED STATUS	Explain your non-regulated status in the space below.
See instructions before completing this section.	
This facility did not treat, store, or dispose of	
regulated quantities of hazardous waste at any	
time during 1983	
Please print/type with elite type (12 characters per inch)	
II. FACILITY EPA I.D. NUMBER	This Facility's Non-Regulated Status is Expected to Apply:
T/A C	☐ For 1983 Only ☐ Permanently
F M N D 0 5 1 4 4] 7 3 1 1	Other (explain
1 2 13 14 15	in comment section)
	C303 ENTRY (OFFICIAL USE ONLY):
III. NAME OF FACILITY	
H E N K E L - T E C H N I C A L - C E N T	' E R
30	69
IV. FACILITY MAILING ADDRESS	
3 2 0 1 0 E HENNEPIN AVEN	TUEL LILL
15 16	45
Street or P.O. Box	5 5 6 1 1 2
4 M I N N E A P O L I S	M N 5 5 4 1 3 41 42 47 51
City or Town	State Zip Code
V. LOCATION OF FACILITY (if different than section IV a	bove)
5 1	
15 16 Street or Route number	45
	vicinal el caran
15 16	41 42 47 51
City or Town	State Zip Code
VI. FACILITY CONTACT	
2 R A D K E E R L C	45
Name (last and first)	
	ATES FOR FACILITIES
6 1 2 3 7 8 8 8 2 3	6 7 8 0 5 5 22 , 28 , 31
Phone No. (area code & no.) A. Cost Estimate for	Facility Closure B. Cost Estimate for Post Closure Monitoring
Thome No. (area code at his)	and Maintenance (disposal facilities only)
VIII. CERTIFICATION I certify under penalty of law that I have personally examined and am fai	miliar with the information submitted in this and all attached
documents, and that based on my inquiry of those individuals immediate submitted information is true, accurate, and complete. I am aware that the	y responsible for obtaining the information, I believe that the
submitted information is true, accurate, and complete. I am aware that if including the possibility of fine and imprisonment.	are significant operation to soon and the sound of
Eric Radke Safety Coordinator	Talke 2/2 1/84
Print/Type Name Title Signature of	f Authorized Representative Date Signed

Facility Biennial Hazardous Waste Report for 1983 (cont.)

This report is for the calendar year ending December 31, 1983.

Da	ate rec	'd:	Rec'd by:		XI. G	ENERATO	R NAME	(specify gene page were rece	erator from eived)	
L	X. FA	CIL	ITY'S EPA I.D. NO.		Hen	kel Tech	nnical	Center	ON-SITE [X	t
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					XII.	GENERAT(JR ADDI	RESS		
X	(. GEN	IEF	RATOR'S EPA I.D. NO.			0 E. Her neapolis				
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1	6		28							
			WAR AND STEEL STOP A CE ON DECEMBER 21	1002	1				:1:4\	
- 5	KIII. T 501 ∟	01	AL WASTE IN STORAGE ON DECEMBER 31, 6 6 0 0 0 P S02	1983	(comp	O P	S03 L	le for your fa		
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		#	TE IDENTIFICATION	B.		azardous	C.]		ĺ	E. Unit of Measure
eque	ence #	Line	A. Description of Waste	THE PERSON NAMED IN	ee inst	e No. ructions)	Handling Method	D. Amou	int of Waste	Me. L
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		2	quantities of unrelated	D O	0 1		T 10 14		3 7 5 0 0	P
		3	material from chemical research	11		1 1 1				
-			Ignitable solvents-small	D 0	0 17					
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		7	Waste Ethyl Acetate	$U_{\parallel}1$	1 2		S ₁ 0 ₁ 1	9 9 9 9	1 4 0 0	p
		0	Toxic waste-small quantities	N O	NE		5 0 1		1 7 0 0	1
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		10	Corrosive waste-small quantities	D 0	0 2		0 0 1		1.0.0	
	1 1	.0	of unrelated materials from chemical research			1 1 1	S 0 1		1,2,0,0,0	Р
	1 1	11	chemical research				ĬĬ			
		12	9							
	LL					T P				

XV. COMMENTS (enter information by section number—see instructions)

Section XIV Line 2: Pot Still Distillation

Section XIV Line 3: Tank storage of Section XIV Line 2 after treatment

Facility Biennial Hazardous Waste Report for 1983 (cont.)

This report is for the calendar year ending December 31, 1983.

Date rec'd: Rec'd by:	XI. GENERATOR NAME (specify generator from whom all wastes on this page were received)							
IX. FACILITY'S EPA I.D. NO.	Henkel Technical Center ON-SITEX							
F M N D O 5 1 4 4 1 7 3 1 1	UN-311E_L							
1 2 13 14 15	XII. GENERATOR ADDRESS							
X. GENERATOR'S EPA I.D. NO.	2010 E. Hennepin Ave. Minneapolis, MN 554]3							
G M N D 0 5 1 4 4 1 7 3 1	1							
16 28								
XIII. TOTAL WASTE IN STORAGE ON DECEMBER 31, 1983 (complete this section only once for your facility) S01								
XIV. WASTE IDENTIFICATION	o of							
A. Description of Waste	B. EPA Hazardous C. Waste No. Handling (see instructions) Method D. Amount of Waste							
Chlorinated solvents-small quantities of unrelated	F O O 2							
2 materials from chemical researc	<u> </u>							
3 Waste Chloroform	U ₁ O ₁ 4 ₁ 4							
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XV. COMMENTS (enter information by section number-see instructions)

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